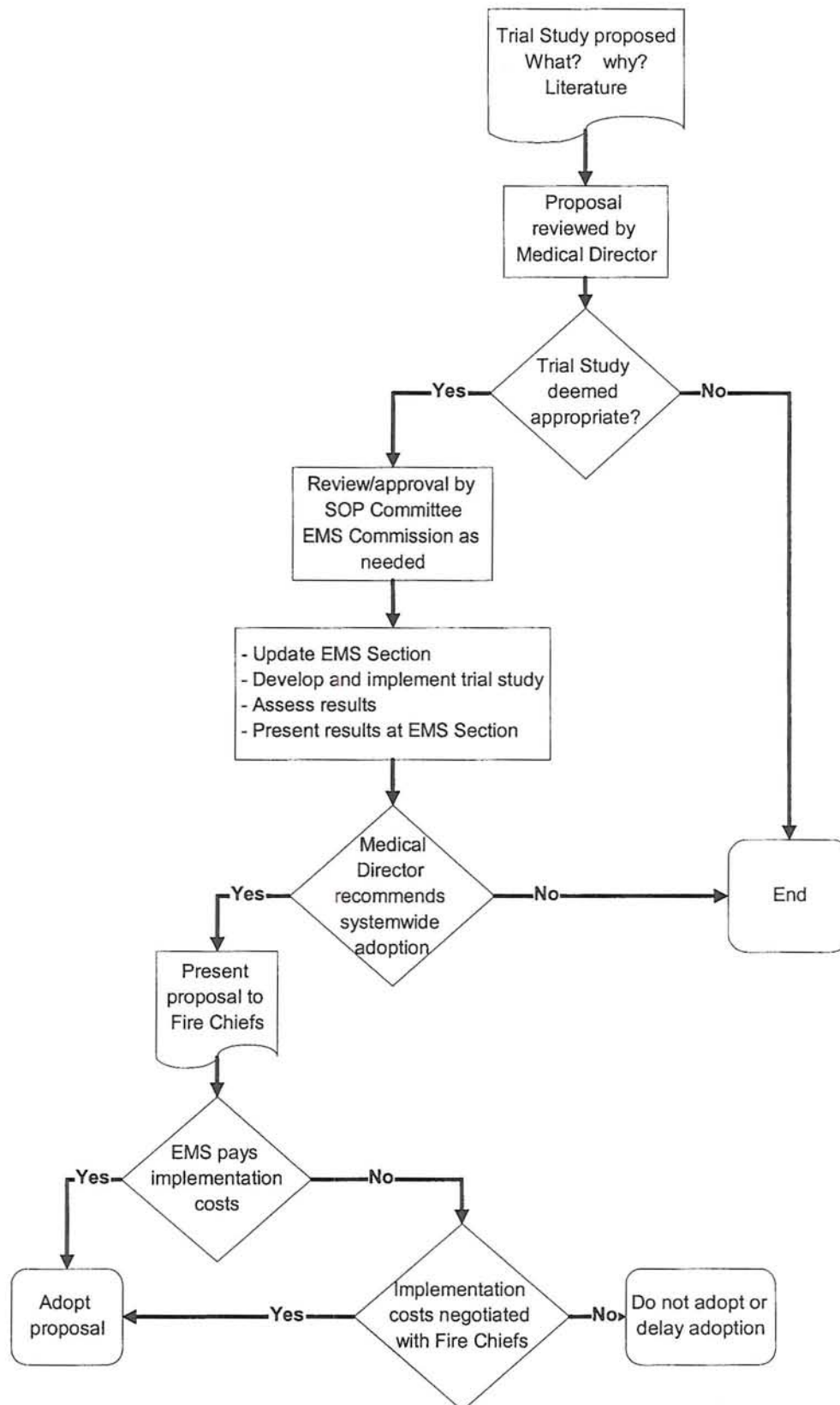


Attachment 4:

Local EMS System Evaluation and Quality Improvement Plan

TRIAL STUDY PROCESS



EMERGENCY MEDICAL OVERSIGHT COMMITTEE

1. Emergency Medical Oversight Committee - (EMOC)

- 1.1 The committee shall serve in an advisory capacity to, and report to, the Alameda County Health Officer and EMS Medical Director. The committee is charged with the following responsibilities:

1.1.1 Assist in the development and/or implementation of:

- Medical policies or procedures
- Medical standards for prehospital care providers
- Quality improvement standards

1.2 Meeting Rules

1.2.1 Meetings are public.

1.2.2 Meetings are chaired by the EMS Medical Director

RESEARCH COMMITTEE

1. Research Committee

Purpose: To promote a complete and adequate review of the proposed research activities, the EMS Agency Medical Director will select at least ten members, with varying backgrounds, to include any or all of the following:

2. Membership:

Representing:

- 1 Public Health Graduate Student
- 1 Paramedic – Private sector
- 1 Paramedic Public sector
- 2 Community (non-academic) Physicians
- 2 Academic Physicians (one of whom is a physician-in-training)
- 1 Trauma Nurse Coordinator
- 1 ENA Registered Nurse
- 1 EMS Medical Director
- 1 EMS staff
- 1 At-large member
- 1 Trauma Surgeon

Sponsoring Agency

UC Berkeley
AMR
Fire Chiefs EMS Section
ACCMA
Highland ED

TAC
ENA
EMS Agency
EMS Agency
Membership
TAC

3. Qualifications of Membership:

- Nominated by sponsoring agency
- Selected by EMS Medical Director
- Past research experience
- Outside "homework" required
- Interest in serving
- Visitors welcome

4. Meetings:

- One-hour – planned agenda
- Every other month immediately following EMOC

5. Objectives:

- Devise research projects
- Approve research projects
- Educate on research methodology
- Explore funding
- Publicize system

QUALITY COUNCIL

1. Quality Council (QC) Purpose:

- Coordinates and monitors the overall prehospital quality activities for Alameda County.
- Provides a forum to develop a consist approach to gathering and analyzing data, and other quality improvement activities.
- Provides guidance and support to quality activities.
- Identifies quality improvement educational needs.
- Facilitates/provides education/ remediation.

2. **Membership:** the committee is comprised of EMS staff, EMS Medical Director, provider agency EMS Clinical Liaisons, designated paramedics, nurses, and physicians.

3. **Chairperson:** Quality Improvement Prehospital Care Coordinator.

4. Meetings:

- Bimonthly or more frequently as needed.
- One-hour and a half with a planned agenda

QUALITY IMPROVEMENT RESPONSIBILITIES - GENERAL GUIDELINES

1. The EMS Agency shall establish and facilitate a systemwide quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services.
 - 1.1 The program shall involve all system participants and
 - 1.2 shall include, but not be limited to the following activities:
 - 1.2.1 Prospective - designed to prevent potential problems.
 - 1.2.2 Concurrent - designed to identify problems or potential problems during the course of patient care.
 - 1.2.3 Retrospective - designed to identify potential or known problems and prevent their recurrence.
 - 1.2.4 Reporting/Feedback - all quality improvement activities will be reported to the EMS Agency in a manner to be jointly determined. As a result of Q.A. activities, changes in system design may be made.
2. Each agency shall submit a Quality Improvement plan, based on the appropriate policy (2255 - 2280), to the EMS Agency for approval. The timeframe for submission will be determined by the EMS Agency.
3. Appropriate revisions shall be made as requested by the EMS Agency.
4. Each agency shall conduct an annual review of their Q.A. plan and submit any changes or alterations to the EMS Agency for approval.
5. The EMS Agency will evaluate the implementation of each agency's Q.A plan annually and request appropriate revisions as needed.

QUALITY IMPROVEMENT RESPONSIBILITIES - EMS

Authority: Division 2.5 of the Health and Safety Code, Chapter 4.

1. Prospective

- 1.1 Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to emergency medical services.
- 1.2 Coordinate prehospital quality improvement committees.
- 1.3 Plan, implement and evaluate the emergency medical services system including public and private agreements and operational procedures.
- 1.4 Implement advanced life support systems and limited advanced life support systems.
- 1.5 Approve and monitor prehospital training programs.
- 1.6 Certify/authorize prehospital personnel.
- 1.7 Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
- 1.8 Facilitate implementation by system participants of required Quality Improvement plans.
- 1.9 Design reports for monitoring identified problems and/or trends analysis.
- 1.10 Approve standardized corrective action plan for identified deficiencies in prehospital and base hospital personnel.

2. Concurrent

- 2.1 Site visits to monitor and evaluate system components.
- 2.2 On call availability for unusual occurrences, including but not limited to:
 - 2.2.1 Multicasualty Incidents (MCI)
 - 2.2.2 Ambulance Diversion.

QUALITY IMPROVEMENT RESPONSIBILITIES - EMS *continued*

3. Retrospective
 - 3.1 Evaluate the process developed by system participants for retrospective analysis of prehospital care.
 - 3.2 Evaluate identified trends in the quality of prehospital care delivered in the system.
 - 3.3 Establish procedures for implementing the Certificate Review Process for prehospital emergency medical personnel.
 - 3.4 Monitor and evaluate the Incident Review Process.
4. Reporting/Feed-back
 - 4.1 Evaluate submitted reports from system participants and make changes in system design as necessary.
 - 4.2 Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
 - 4.3 Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.